

Shared Spillman Information System User Agreement

Name: _____

Agency: _____

Email Address: _____

User Name: _____ (Assigned by SAA)

As a user of the Cache & Franklin County Area Shared Spillman Information System I agree to comply with my agency's policies and procedures, as well as all local, state, and federal statutes and regulations that apply to the use and dissemination of the information contained within the Spillman system.

I understand and acknowledge that I am responsible for taking appropriate security measures with regard to the user name and password assigned to me and I agree to keep confidential the login credentials assigned. I understand that all inquiries into the Spillman records management system are logged and subject to audit at any time.

To ensure that the data contained within Spillman is useful and exact, I agree to do my part by ensuring that the information I enter is current, accurate, and complete, and conforms to the standards outlined in the *Cache & Franklin County Area Shared Information System Policies & Standards* document.

My signature below verifies my understanding that the Spillman system and data maintained within the system are for the express use of public safety employees in the performance of their official duties. Accessing the system or its data for other purposes violates this agreement.

User Signature

Date

THIS RECORD IS
PROTECTED
UCA 63-2-101
Cache County Sheriff's Office by 

This form will be scanned and stored within the Employee Table of each Spillman User